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Women, the girl child and HIV and AIDS

Report of the Secretary-General**

Summary

The present report provides information on the activities undertaken by Member States and within the United Nations system to implement Commission on the Status of Women resolution 55/2. The report identifies progress achieved, gaps and challenges, and concludes with recommendations for future actions.

* E/CN.6/2012/1.

** The submission of the present report was delayed due to the need for further consultations.

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I. Introduction

1. In its resolution 55/2, the Commission on the Status of Women requested the Secretary-General to report to its fifty-sixth session on the implementation of that resolution with emphasis on accelerated actions taken with regard to women, the girl child and HIV and AIDS, using information provided by Member States, the organizations and bodies of the United Nations system and non-governmental organizations, with a view to assessing the impact of that resolution on the well-being of women and the girl child. The present report is based on contributions by 18 Member States[1] and 13 United Nations entities.[2] In addition, it incorporates other relevant information based on research.

II. Background

2. According to UNAIDS, more people than ever are living with HIV, which can be attributed mostly to their having greater access to treatment that keeps them alive and well for many years. At the end of 2010, 34 million people globally were living with HIV, an increase over the 33.3 million in 2009. The proportion of women living with HIV has remained stable at 50 per cent globally, although women are more affected in sub-Saharan Africa (59 per cent of all people living with HIV in that area) and the Caribbean (53 per cent of the total there).[3] In the past 10 years, four regions have experienced increases in the proportion of women among those living with HIV: Latin America (35 per cent in 2010, up from 32 per cent in 2001) and North America and Western and Central Europe (26 per cent in 2010, up from 25 per cent in 2001). In other regions of the world, the proportion has remained relatively the same, including in the Middle East and Northern Africa (from 45 per cent in 2001 and 2010) and Oceania (from 44 per cent in 2001 and 2010).[4]

3. During the period under review, issues of gender equality in the context of HIV and AIDS have been raised with regard to: human rights, peace and security, and development, including the need for empowering women to reduce their vulnerability to HIV infection and gender-based violence; the need to increase

[1] Cameroon, Colombia, Denmark, the Dominican Republic, Finland, Indonesia, Italy, Japan, Latvia, Mexico, Namibia, Poland, Peru, Republic of the Congo, Sweden, Togo, Ukraine and Uruguay. Since 2001, the Commission has adopted a resolution on this subject on an annual basis, and the present report is the third one that it has requested (E/CN.6/2009/6 and E/CN.6/2011/7). The number of responses received from Member States has been decreasing from 30 to 26 to 18.

[2] Department of Economic and Social Affairs/secretariat of the Convention on the Rights of Persons with Disabilities, and Secretariat of the Permanent Forum on Indigenous Issues, Department of Public Information of the Secretariat, Economic and Social Commission for Asia and the Pacific (ESCAP), International Labour Organization (ILO), International Organization for Migration (IOM), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Educational, Scientific and Cultural Organization (UNESCO), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and World Health Organization (WHO).

[3] UNAIDS, *World AIDS Day Report* (Geneva, UNAIDS, 2011).

[4] WHO, UNAIDS and UNICEF, *Global HIV/AIDS Response: Epidemic Update and Health Sector Progress towards Universal Access: Progress Report 2011*.

access to HIV-related prevention, treatment, care and support services for women and girls; and promotion of greater action through integration of gender equality dimensions of HIV into plans, policies, strategies and budgets.

4. The United Nations Human Rights Council, in its resolution 16/28, on the protection of human rights in the context of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), reiterated its commitment to significantly intensify prevention efforts and increase access to treatment, including through the empowerment of women and adolescents to increase their capacity to protect themselves from the risk of HIV infection, and through the promotion and protection of all human rights. It called on States and, where applicable, United Nations funds, programmes and specialized agencies, international and non-governmental organizations and relevant stakeholders to ensure the availability, accessibility and affordability of medicines and health-care services for HIV-positive pregnant women, with a view to eliminating vertical transmission. It also requested States to develop further and, where necessary, establish, coordinated, participatory, gender-sensitive, transparent and accountable national HIV/AIDS policies and programmes, and implement them at all levels, including in prisons or other detention facilities, in cooperation with civil society, including faith- and community-based organizations, women's organizations, advocacy groups and representatives of people living with HIV and other key populations.

5. In its resolution 1983 (2011), the United Nations Security Council underlined the importance of concerted efforts towards ending conflict-related sexual and gender-based violence, empowering women in an effort to reduce their risk of exposure to HIV and curbing vertical transmission of HIV from mother to child in conflict and post-conflict situations. In noting that the disproportionate burden of HIV and AIDS on women is one of the persistent obstacles and challenges to gender equality and empowerment of women, it urged Member States, United Nations entities, international financial institutions and other relevant stakeholders to support the development and strengthening of capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with or affected by HIV in conflict and post-conflict situations. The resolution also requested the Secretary-General to consider HIV-related needs of people living with, affected by and vulnerable to HIV, including women and girls, in activities pertinent to the prevention and resolution of conflict, the maintenance of international peace and security, the prevention and response to sexual violence related to conflict, and post-conflict peacebuilding.

6. In June 2011, in General Assembly resolution 65/277, Member States agreed on the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. The Declaration calls for greater efforts to end the epidemic with clear and ambitious targets for 2015, outlining the concern of States that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors and gender inequalities, among others. Member States welcomed the establishment of UN-Women as a new stakeholder that could play an important role in global efforts to combat HIV by promoting gender equality and the empowerment of women, which are fundamental for reducing their vulnerability to HIV. States pledged to eliminate gender inequalities, gender-based abuse and violence; increase

the capacity of women and adolescent girls to protect themselves from the risk of HIV infection; ensure that women could exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence. States further committed to ensuring that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan through the strengthening of legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV infection.

III. Actions taken by Member States and the United Nations system

A. Inclusion of a gender perspective into national policies and programmes towards a "gender transformative" response to HIV

7. The proportion of women and girls among people living with HIV highlights the harmful consequences of gender inequality, and the growing proportion of people living with HIV in some regions indicates a need to ensure that integration of gender equality and women's empowerment is included in Member States policies, plans, programmes and strategies.[5] According to evidence from South Africa, among young women gender inequality within a relationship increases the risk of infection by 13.9 per cent.[6] The efforts to include gender equality in national policies should be targeted at interventions that strive to transform unequal relations between men and women. A gender transformative[5] HIV and AIDS response should (a) create a supportive environment that improves outcomes for women by challenging stigma and discrimination, ensuring the participation of women living with HIV in decision-making and engaging gender equality advocates and experts in designing and monitoring plans and programmes; (b) address the direct needs arising as a result of the epidemic by ensuring access to effective prevention, treatment, care and support services and supporting community and home-based caregivers, including women and girls providing care, and girls and young women orphaned by AIDS or affected by HIV; and (c) address underlying factors that fuel the epidemic, such as violence against women, unequal gender norms and legal, social and economic inequalities.

8. Member States have employed different approaches to address the gender dimensions of HIV/AIDS at the policy level. Several Member States have incorporated gender perspectives into their national policies, frameworks, programmes and plans to address HIV and AIDS (Finland, Indonesia, Togo and Ukraine). Some Member States reported integrating measures to address HIV/AIDS in their national action plans on gender equality (Peru and Republic of the Congo). Others undertook efforts to do both. The ministry in Cameroon responsible for

[5] See A/65/797.

[6] Rachel K. Jewkes and others, "Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study", *The Lancet*, vol. 376, Issue 9734 (3 July 2010).

women and family issues, in developing and implementing sectoral plans on HIV and AIDS, has taken into consideration the specific needs of women, girls and families; at the same time, the country's National Strategic Plan on HIV and AIDS (2011-2015) includes women and families as one of its priorities. Mexico has a plan of action on women in the context of HIV/AIDS and has established an inter-agency mechanism to respond to HIV and AIDS that incorporates a gender perspective.

9. United Nations entities have supported efforts of Member States to ensure that gender equality commitments are incorporated into HIV and AIDS responses. ESCAP has been working in close coordination with UNAIDS, UNDP and other relevant stakeholders to support countries in Asia and the Pacific in implementing regional and global commitments related to women and girls within the context of HIV. UN-Women engages with national partners to support gender-sensitive national strategies, plans and programmes on HIV and AIDS, including through the posting of gender advisers in national AIDS coordinating bodies. UNDP has provided technical support to better integrate the rights of women and girls into national strategic plans and frameworks related to HIV and AIDS, as well as to generate evidence in the Asia-Pacific region on the socio-economic impact of HIV on women and girls in order to inform national strategies towards mitigating the impact of the epidemic through social protection schemes. The UNAIDS Secretariat working with the World Bank and civil society partners has supported regional training programmes in Western, Central, Eastern and Southern Africa that are aimed at integrating gender equality into strategic planning related to HIV and AIDS. UNESCO has produced and disseminated advocacy materials focused on increasing attention and generating action to help eliminate structural and gender inequalities driving the HIV pandemic.

10. The efforts of UNAIDS will be guided by a new strategy, "UNAIDS strategy 2011-2015: getting to zero", which includes advancing human rights and gender equality for the HIV response as one of its three strategic directions within the framework, with key results and targets focused on promoting gender equality and addressing gender-based violence. Under the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, the UNAIDS Secretariat and Cosponsors along with UN-Women have supported the development in a number of countries of national actions plans on women, girls, gender equality and HIV/AIDS. Monitoring the implementation of that Agenda is guided by a scorecard developed by the UNAIDS Secretariat to capture a snapshot of country-level achievements.

11. A prerequisite to strengthened responses to gender equality priorities within national strategic frameworks on HIV/AIDS is a better understanding of the situation of women and girls within the context of HIV. In order to achieve better understanding, sex disaggregated data need to be collected and relevant data, both qualitative and quantitative, need to be analysed. There have been some achievements in this regard. The Government of Mexico has published the results of a study on Mexican women, adolescents and girls which focused on epidemiology, prevention, care and best practices in that country. Attention was given to specific groups of women, in particular populations at higher risk and migrant women. Colombia undertakes periodic studies on the behaviour and seropositive status of female sex workers. In Sweden, young women, women who buy or sell sex, as well as women living with HIV are targeted as part of the HIV response. Japan is implementing a research project on HIV prevention measures for the target group

(especially those engaged in the sex industry and migrant workers) and their impacts. The Evidence for Action, HIV and AIDS Data Hub for the Asia-Pacific region, which was developed by UNICEF, has been collecting a comprehensive repository of data disaggregated by age and sex. Through its collaboration with partners, such as the UNAIDS Regional Support Team for Asia and the Pacific, gender-based analysis is under way. UNAIDS, its Cosponsors and UN-Women are furnishing support to countries with concentrated epidemics in order to better understand gender-related drivers. They are also identifying tailored approaches for the response; in particular they are investing in research and generating evidence on HIV transmission among intimate partners of populations at higher risk of contracting HIV.

12. In trying to gain understanding of how gender inequalities interact within the responses to HIV and AIDS and improve outcomes for women, girls, men and boys, it is important to have the tools to track results. UN-Women, UNAIDS, UNFPA, the United States President's Emergency Plan for AIDS Relief and the MEASURE Evaluation project, in partnership with WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Community of Women Living with HIV/AIDS and several national stakeholders, are working together to develop a harmonized set of gender equality and HIV indicators for use at the national level in order to generate evidence and better inform programming and action. A key result of that partnership has been the inclusion of an indicator to measure progress in reducing the prevalence of intimate partner violence as an outcome itself and as a proxy for gender inequality.[7]

13. In recognizing the critical role played by strengthening the gender expertise of stakeholders and professional staff involved in the HIV response, several actors have invested in measures to increase awareness and develop capacities to understand specific gender equality aspects relevant to the HIV response. Member States, including Cameroon, the Dominican Republic, Mexico, Namibia and Ukraine, have invested in developing capacity through the training of trainers, on-the-job coaching, awareness-raising campaigns, and the production of technical resources on gender equality dimensions of HIV and AIDS. Women's organizations, community-based service organizations, the media, faith-based leadership, parliamentarians and key decision makers at the ministerial level have benefited from these efforts. To build the capacity of health professionals, a workshop on gender and HIV/AIDS was held in Mexico, and a guide on sexual and reproductive health for women with HIV/AIDS was reprinted.

14. Among United Nations entities, IOM, the UNAIDS Secretariat, UNHCR, UNFPA, WHO and the World Bank have each conducted: training courses on such areas as gender, migration and HIV; sensitization activities on HIV/AIDS and reaching young women and men; and regional trainings for stakeholders working on gender equality, health, gender-based violence and HIV to enhance their capacity for using evidence to identify actions that could be taken. They have also conducted activities for survivors of sexual and gender-based violence, including provision of

[7] This is part of the work of UNAIDS in publishing *Global AIDS Response Progress Reporting 2012: Guidelines on Construction of Core Indicators for Monitoring the 2011 Political Declaration on HIV/AIDS*. A compendium of indicators is being finalized and will be available for use at the national level in early 2012.

post-exposure prophylaxis; and on adolescent HIV and sexual and reproductive health, and populations at higher risk within refugee populations.

15. In the context of the General Assembly High-Level Meeting on AIDS in June 2011, the United Nations Department of Public Information partnered with UNAIDS to promote greater awareness of the fact that women and girls bear the disproportionate burden of HIV, and advocated that greater attention should be paid to their specific needs. The issue of women, the girl child and HIV and AIDS was covered in a number of Internet news stories disseminated by the UN News Centre, and was the focus of two feature programmes produced for Television. Furthermore, the Department has highlighted the rights of women and girls in relation to HIV and AIDS on its social media platforms.

B. Empowerment of women and girls, their rights and participation

16. The importance of the engagement and leadership of women living with HIV in planning, implementing and monitoring national HIV responses is increasingly being recognized as strategic for tailored, inclusive and responsive actions to address the epidemic. However, for women participation comes with challenges. In a review of women's experiences in participating in the response to HIV and AIDS, women reported significant barriers to their involvement, including gender norms (79 per cent), stigma (58 per cent), lack of access to information (46 per cent) and resources (58 per cent), the burden of caregiving and responsibilities within the home (46 per cent), illiteracy (46 per cent) and lack of self-esteem (25 per cent).[8] Addressing these challenges should better facilitate women's engagement in the HIV response, as well as the broader women's rights agenda. Investing in capacity development and providing opportunities for women's mobilization and advocacy towards influencing and informing interventions are critical measures to ensure the meaningful involvement of women, particularly those living with HIV. Direct funding channels to women's organizations, especially women living with HIV, are essential to strengthen their capacities and foster leadership.

17. Member States have undertaken specific efforts to empower women and promote their leadership in the context of HIV and AIDS. The Dominican Republic, through a programme entitled "From Woman to Woman", focuses on the empowerment of women at the local and community levels towards improving policies in the context of HIV. A programme in Togo to fight HIV among women is aimed at increasing women's awareness about HIV, as well as their participation in decision-making. In Mexico, coordinated and inter-agency work has contributed to strengthening the leadership of women with HIV, including through capacity development activities, self-esteem, leadership and negotiation workshops for women with HIV, and engagement in forums, such as "A political agenda on HIV/AIDS targeted to women: leadership in action". Member States reporting data on the numbers of women involved in leadership roles within the HIV response include the Republic of the Congo, where the Minister for the Promotion of Women and the Integration of Women in Development is the third vice-president of the National Council to Fight against AIDS, and the First Lady is a leading advocate for

[8] UNIFEM and Athena Network, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation* (New York, UNIFEM, 2010).

women's empowerment in the fight against HIV and AIDS; and Latvia, where 16 of the 23 members of the National Coordination Commission for Limiting the Spread of HIV, Sexually Transmitted Diseases and Tuberculosis are women.

18. Among United Nations entities, the UNAIDS Secretariat and Cosponsors and UN-Women have continued supporting women's leadership and meaningful participation in the HIV response in several countries. The support ranges from capacity development, facilitating participation in reviews of national HIV strategies, relevant HIV-related legislation and policies in order to identify gaps related to women's rights and broker women's access to decision-making spaces at local and national levels in order to support their advocacy for improvements in access to services and resources. As a result, women, particularly those living with HIV, are developing advocacy networks and common platforms to influence public policies that affect their lives. UNICEF has been working with local partners and government officials to empower marginalized women living with HIV in India, where consultations with such women have resulted in the development of a "toolkit" for advocacy and the engagement of networks in state-level policy discussions on HIV and AIDS, including state and national drug dialogues. In partnership with the Canadian International Development Agency, UN-Women has furnished small grants to 20 diverse community-based and grass-roots initiatives in sub-Saharan Africa designed to strengthen women's access and capacity to claim their property and inheritance rights as a means for mitigating the impact of HIV/AIDS. UNDP and UNAIDS are promoting leadership development programmes for women living with HIV across various regions. Results of leadership skills training in Europe and Central Asia include the establishment of E.V.A., the first network of women affected by HIV in the Russian Federation and a similar network in Kazakhstan. The UNAIDS Secretariat has encouraged and supported women's organizations working with populations at higher risk, including sex workers and women who use drugs, to increasingly participate in national responses. UNESCO and UN-Women supported research and needs assessments that targeted migrants and members of their families and were related to their knowledge of HIV; they also produced a handbook for women migrants to raise their awareness concerning HIV prevention, available services and reproductive health and rights of women living with HIV.

19. Member States reported greater engagement and support for non-governmental organizations to play a role in the HIV response. In Uruguay, the International Community of Women Living with HIV contributes to the capacity development of women with HIV, the professional development and empowerment of women in the context of HIV/AIDS, as well as the implementation of strategies that minimize the risk of contracting HIV. Furthermore, the women and feminist movement in that country has played a substantive role in making visible the issue of respect for the rights of women living with HIV. The Women's Agenda of the National Commission on the Follow-up of Beijing and Cairo, and Women for Democracy, Equity and Citizenship, a network of civil society organizations, includes as one of its priorities the prevention, treatment and care of HIV and AIDS. In Cameroon, women's organizations have forged partnerships with HIV and AIDS service organizations. In Sweden, non-governmental organizations are supporting efforts to address women's priorities and needs in the context of HIV.

20. As part of the Global Coalition on Women and AIDS, the UNAIDS Secretariat promoted the meaningful participation of women, especially those living with HIV,

in the General Assembly's High-Level Meeting on HIV/AIDS in 2011. Approximately 800 women from more than 95 countries participated in a global virtual consultation, convened by civil society organizations and United Nations entities, and shared their priorities and vision for the future of the HIV response. Their priorities were presented to decision makers and delegates during the High-Level Meeting on HIV/AIDS.

21. When the Commission on the Status of Women met in 2011, UNFPA co-organized with UNAIDS and UN-Women, a high-level consultation of influential leaders and women's rights advocates on sexual and reproductive health and the rights of women and girls living with HIV. Participants identified key rights violations and opportunities for addressing them, and reached consensus on the way forward. In collaboration with UNAIDS, UNDP and UN-Women, UNFPA also convened a partners consultation on implementation of the UNAIDS Agenda for Women and Girls in order to promote better coordination on achieving key results. The consultation led to agreement on strategies to accelerate implementation, leveraging the comparative advantages of different stakeholders; it also identified critical areas in need of additional support in the roll-out of the UNAIDS Agenda for Women and Girls.

22. UNDP supports the Global Commission on HIV and Law which, through its regional dialogues, has strengthened alliances among government and civil society representatives towards the promotion of policy and law reform within HIV responses, and has resulted in greater visibility of the context and challenges that women and girls face in securing their rights. Outcomes of the dialogues will contribute to the recommendations of the Global Commission.

C. Elimination of violence against women and girls in the context of HIV and AIDS

23. Violence against women and HIV/AIDS may be considered mutually reinforcing pandemics. A landmark study in South Africa suggests that nearly one in seven cases of young women acquiring HIV could have been prevented if the women had not been subjected to intimate partner violence.[8] Similarly, for women living with HIV, disclosing their HIV-positive status with partners or third parties may increase the risk of violence, stigma and discrimination by partners, relatives and community members.[9] A recent study found that 20.5 per cent of women living with HIV in the United States of America reported physical abuse because of their status, and in Zambia HIV-positive women with violent partners faced difficulties in accessing and adhering to HIV treatment.[10]

[8] E/CN.4/2005/72 and Corr.1.

[9] Fiona Hale and Marijo Vazquez, *Violence against Women Living with HIV/AIDS: A Background Paper* (Washington, D.C., Development Connections, 2011).

24. Programmatic evidence is showing promise and demonstrating the need for integrated approaches to addressing the intersection of violence against women and HIV,[11] and countries are increasingly recognizing the need to prevent or manage consequences of gender-based violence as part of the HIV response; however, actions are not keeping pace with that acknowledgement.[12]

25. At the policy level, Member States reported integrating the interlinkages between violence against women and HIV into national action plans and strategies. The plan of action on women, girls, gender equality and HIV for sustainable development of the Republic of the Congo takes into account the links between violence, HIV, AIDS and sexually transmitted infections; the National HIV and AIDS Strategy and Action Plan (2010-2014) of Indonesia recognizes gender-based violence as one of the key human rights challenges and identifies women and girls in socially vulnerable situations as persons particularly affected by such challenges. With regard to actions, particularly awareness-raising and capacity development, Cameroon has organized campaigns to address violence against women and girls and female genital mutilation and the debilitating effects of such actions on women's sexual and reproductive health, including the increased susceptibility of women to HIV infection as a result. These interlinkages have led to increased awareness among women and girls about their rights, as have reports of cases of violence and increased awareness among traditional and religious leaders about violence against women and girls in relation to sexual and reproductive health. To better understand the interrelationships between gender-based violence and HIV and AIDS, the Republic of the Congo has undertaken research on the vulnerability of women and young girls to HIV and sexual violence.

26. In utilizing the strategic opportunity presented by the review and development of new national strategic plans on HIV, UNFPA, in collaboration with UNAIDS, UNDP, UN-Women, the MenEngage Global Alliance, the Sonke Gender Justice Network, and the Athena Network, convened key partners (government and civil society, including organizations of women living with HIV) in a series of consultations aimed at integrating programming on gender-based violence and engaging men and boys to challenge gender inequality in national HIV plans and programmes. More than 35 countries were involved in the consultations in 2010 and 2011, which resulted in the preparation of country action plans for immediate implementation, cross-fertilization, networking and exchange among country delegations, and the development of a dedicated web-based resource exchange that is accessible to all who participated in the consultations for their continued engagement. UNFPA supported the Program on International Health and Human Rights at the Harvard School of Public Health so that it could produce a compilation of evidence on the intersection of HIV and gender-based violence. The final report examines peer-reviewed literature on the topic from 2000 to mid-2010, identifies gaps and sets priorities for research accordingly. In 2010, WHO and UNAIDS published evidence on these matters in the publication entitled *Addressing Violence against Women and HIV/AIDS: What works?*.

[11] See UNIFEM and Action Aid International, *Together We Must ... End Violence against women and girls and HIV and AIDS: A Review of Promising Practices in Addressing the Intersection* (New York, UNIFEM, 2009).

[12] UNAIDS/PCB(28)/11.5.

27. The United Nations Trust Fund to End Violence against Women, managed by UN Women, partnered with the Johnson and Johnson corporation and community leaders, service providers and women's groups and men's groups on a multi-country initiative to develop evidence-based strategies to address the intersection of violence against women and HIV/AIDS, strengthen the capacities of partners working on the intersection and better inform programming design and implementation on the intersection of violence against women and HIV/AIDS. Results of the first phase reaffirmed that violence against women increases women's vulnerability to HIV/AIDS, and women living with HIV/AIDS are more susceptible to becoming victims of violence. Outcomes reinforced the need for interventions that incorporate behavioural change strategies, community-wide awareness-raising about the intersection of HIV/AIDS and violence against women, hands-on community training and the provision of holistic legal and health-care services and referrals for more effective responses to both pandemics. The efforts of the grantees also revealed that underlying root causes, including gender and social norms and practices that lead to women's vulnerability to HIV/AIDS and violence against women, should be addressed. Through these initiatives, there has been a significant increase in women accessing information and services, including counselling, training, medical care and legal aid. More women are encouraging their husbands to get tested for HIV, and women have become more effective at managing the consequences of HIV infection through improved nutrition and greater adherence to treatment. Additional grantees have been awarded $6.2 million in Africa, Asia and Eastern Europe to replicate and scale up the findings from the first phase of the initiative.

D. Access to prevention programmes, treatment, care and support and role of men and boys

28. Thirty years into the HIV epidemic, physiological, sociocultural and structural factors, such as harmful gender norms, violence, poverty, legal inequalities and lack of education, continue to place women and girls at risk of HIV infection and influence their inability to access health care and services, thereby having an impact on their ability to mitigate the consequences of HIV and AIDS.[5]

29. Efforts to ramp up HIV prevention, specifically mother-to-child transmission of HIV, have gained significant momentum with the launch of a global plan described in a UNAIDS publication.[13] The global plan acknowledges recent evidence indicating the benefits of accelerating treatment for pregnant women living with HIV and maps out bold targets for Governments to achieve by 2015: a reduction by 90 per cent in the number of new HIV infections among children and a reduction by 50 per cent in the number of AIDS-related maternal deaths. According to UNAIDS, the political commitment to eliminate mother-to-child transmission of HIV is spurring greater alignment of national targets, plans and guidance for service delivery in almost all of the 22 high-burden countries adopting these targets.[14] At the end of 2010, almost 50 per cent of pregnant women living with HIV received effective antiretroviral treatment to prevent mother-to-child transmission. Data to

[13] UNAIDS, *Countdown to Zero: Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive* (Geneva, UNAIDS, 2011).

[14] UNAIDS/PCB(29)/11.24.

evaluate whether women are remaining on the treatment beyond the delivery of their children are not consistently available. In 2009, UNAIDS reported that about 50 per cent of pregnant women testing HIV-positive were assessed for their eligibility to receive antiretroviral therapy for the sake of their health.[15]

30. A systematic review of the literature on sexual and reproductive health and HIV linkages indicated an increase or improvement in the following: access to and uptake of services, including HIV testing; health and behavioural outcomes; condom use; knowledge of HIV and sexually transmitted infections; and overall quality in services when HIV and sexual and reproductive health at the policy, systems and services levels are linked.[16] For example, promoting contraception and family planning counselling as part of routine HIV services (and vice versa) may increase condom use, contraceptive use and dual method use, thus averting unintended pregnancies among women living with HIV. A randomized controlled trial involving 251 couples at a voluntary counselling and testing clinic in Zambia found a threefold higher contraceptive initiation rate where family planning education and the offer of contraceptives were available on site rather than by referral to an outside clinic.[17]

31. Although the number of people receiving antiretroviral therapy continues to increase, exceeding 6.6 million people at the end of 2010, globally, more than 50 per cent of the people eligible for treatment do not have access, including many who are unaware of their HIV status.[3] In low and middle-income countries, the percentage of pregnant women tested for HIV increased to 35 per cent at the end of 2010, compared with 8 per cent in 2005.[3] Recent efforts to initiate treatment as a tool for prevention need to recognize the unequal access and challenges that increase women's vulnerability.

32. Evidence of programmes being put in place to engage men and boys in efforts to improve unequal gender norms or eliminate gender-based violence have not been reported, although efforts to support greater integration of men and boys as partners in national HIV strategies and plans are beginning to be addressed.

33. It is also important to note that women in several countries and contexts bear a disproportionate share of the HIV-related caregiving burden and are often more likely than men to be the victims of discrimination.[18] In countries where HIV and AIDS are highly prevalent, the lack of medical staff, failing health systems and inadequate resource allocations have meant that the unpaid care that women provide subsidizes many aspects of care provision.[19] Women providing care in their communities are becoming increasingly mobilized and visible, yet they still lack

[15] UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010* (Geneva, UNAIDS, 2010).

[16] International Planned Parenthood Federation, University of California, San Francisco, UNAIDS, UNFPA and WHO, *Linkages: Evidence Review and Recommendations*, 2009. Available at http://data.unaids.org/pub/Agenda/2009/2009_linkages_evidence_review_en.pdf.

[17] K. E. Mark and others, "Contraception among HIV concordant and discordant couples in Zambia: a randomized controlled trial", *Journal of Women's Health*, vol. 16, No. 8 (October 2007).

[18] A/65/797 and E/CN.6/2009/2.

[19] Shahra Razavi, *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*, Gender and Development Programme Paper No. 3 (Geneva, United Nations Research Institute for Social Development, 2007).

adequate recognition, support, training, supplies, or remuneration for all their work. Women and girls further seek to share caregiving more equitably with men and boys in their communities.

34. Member States (Cameroon, Colombia, Finland, Latvia, Mexico, Namibia, Peru, Poland, the Republic of the Congo, Sweden, Togo and Ukraine) reported gender-specific efforts related to HIV prevention, treatment, care and support. In the context of prevention, most countries reported on the promotion, use and access to contraceptives, including male and female condoms (Cameroon, Namibia, Peru and Republic of the Congo). Some Member States (Cameroon and Republic of the Congo) also supported skills-building and awareness-raising efforts on the use of prevention technologies in order to increase their acceptance. Those countries noted progress in the popularization of female condoms as a result of those efforts. HIV-prevention actions in Togo included training women journalists about HIV and AIDS to ensure that related messages would be published. Countries reported offering HIV testing to women of reproductive age and pregnant women (Cameroon, Latvia, Mexico, Peru, Poland, Sweden and Ukraine) or testing and treatment for HIV-positive pregnant women (Colombia and Finland). Provision of treatment for all those eligible was reported by some Member States (Cameroon, Latvia, Mexico, Peru and Sweden). Ukraine provided equal access for women and men to HIV prevention, treatment, care and support, as well as for concomitant diseases. Member States reported on the provision of care and support initiatives that included economic support, legal protection and information. To support women living with HIV that are also experiencing poverty, Cameroon provided financial support in an effort to stimulate revenue-generating activities. The Republic of the Congo extended socio-economic support to women who are infected and affected by HIV. Togo provided women and girls living with HIV with psychosocial, legal and economic support. Poland assured that pregnant women had access to health services and special legal protection free of charge, including access to support groups for sero-discordant couples and specific support groups for women only. Attention to populations at higher risk of HIV infection was reported, including programmes for sex workers (Peru and Poland), those that sell and purchase sex and women who are former injecting drug users (Sweden) and current injecting drug users (Poland). Latvia undertook behavioural research to gather information about the prevalence of HIV and other sexually transmitted infections, as well as behavioural risks among female sex workers, in order to inform HIV-prevention strategies. In Poland several prevention programmes focused on women, including sex workers, and their children.

35. UNFPA contributed technical assistance for comprehensive condom programming, and supported the Global Female Condom Initiative, which is operating in more than 75 countries, to include female condom programming as an integral component of national HIV and reproductive health policy guidelines, scaling up both male and female condom programmes. UNHCR continued to advocate the inclusion of refugees in national HIV-prevention and treatment programmes, in particular those aimed at preventing mother-to-child transmission, and antiretroviral therapy.

E. Resourcing and international cooperation

36. Domestic and international HIV-specific funding decreased from $18.9 billion in 2009 to $15 billion in 2010, which is below the estimated $22 billion to $24 billion needed in 2015 for a comprehensive response to HIV worldwide.[4] Resources remain a critical challenge for scaling up gender-responsive HIV programming. Data on the available resources for investing in gender equality dimensions of the epidemic are rarely available. Despite the impact of the epidemic on women and girls, only 46 per cent of countries reporting (79 of the total of 171) during the review of implementation of the Declaration of Commitment on HIV/AIDS indicated that they had included in their national strategic plans on HIV a specific budget for interventions benefiting women.[15] Based on the data gathered from the scorecard to monitor implementation of the UNAIDS Agenda for Accelerated Country Action for Women and Girls, Gender Equality and HIV, for more than half of the 81 countries that responded to the questions in the scorecard, no data were available on resources budgeted or allocated for interventions targeting women and girls within the national response to HIV. These findings suggest that the commitment and political will to address gender inequality as part of the HIV response have yet to be translated into adequate resource investments.[17]

37. Based on information received for the present report, at the national level only a few Member States reported having specific budgetary allocations for gender equality and HIV and AIDS. The National Programme to Fight against HIV (2011-2015) of Cameroon allows the identification of budgets by priority intervention and by sector, including gender issues and violence against women. That country's strategy of growth and employment document takes into account gender and HIV, and contains a recommendation that public administration budgets should be sensitive to gender and HIV. In Mexico, the National Centre for the HIV/AIDS Prevention and Control has a budget to increase prevention among women and integral care for women living with HIV. The annual budget of the ministry responsible for gender affairs of the Republic of the Congo includes a budget line for activities to fight against AIDS. In Togo, while there has been an increase in resources for HIV and AIDS, the data are not disaggregated by sex. The budgetary allocation in Uruguay does not have a specific amount for women affected by HIV/AIDS. In Finland, no comprehensive estimates have been made on resources used for HIV prevention; measures taken by each health service unit are covered by the budget of that unit.

38. In the context of development cooperation, addressing the vulnerability of women and girls to HIV/AIDS is a thematic priority in the *Strategy for Denmark's Support to the International Fight against HIV/AIDS*, which was published by that country's Ministry of Foreign Affairs in 2005. The strategy focuses on fundamental gender inequalities that contribute to the spread of HIV in all its programmes, including through gender-specific interventions and dialogue with international organizations on the importance of focusing on the gender dimensions of the epidemic. The new policy of Sweden for gender equality and the rights and role of women and girls in international development cooperation addresses the issue of HIV/AIDS. Sweden also works closely with UNAIDS to ensure that measures are characterized by a gender equality perspective and focus on key populations at risk, such as women, girls, injecting drug users, young people and homosexual, bisexual and transgendered persons. Italy has funded the fight against HIV/AIDS through

bilateral channels, in particular non-governmental organizations and research centres. The Grant Assistance for Grassroots Human Security Projects of Japan supports activities to prevent HIV/AIDS among youth in India, Uganda and Zimbabwe.

IV. Conclusions and recommendations

39. **Recent normative developments have highlighted the importance of addressing issues related to gender equality, women, the girl child and HIV and AIDS in the context of development, human rights and peace and security.**

40. **Member States, United Nations entities and civil society organizations, including women's organizations, have taken measures to promote the integration of gender equality priorities in national HIV and AIDS plans and strategies, and/or of HIV and AIDS in gender equality action plans, and in some countries, they have done both. They have supported the development and implementation of specific plans focused on gender equality and HIV, and through the convening of inter-agency mechanisms on women, girls and HIV and AIDS. Efforts have been made to increase awareness and develop capacities in understanding specific gender equality aspects relevant to the HIV response in order to better understand the gender dimensions of the epidemic; however, more information on the impact of HIV and AIDS on women and girls, including comprehensive quantitative and qualitative data on the gender dimensions of the HIV epidemic, is needed. Additional efforts are needed to better track, monitor and report on gender transformative actions within the HIV and AIDS responses.**

41. **Specific efforts to empower women and promote their leadership in the context of HIV and AIDS have been reported, but these efforts need to acknowledge the gender-specific constraints that women face in advancing their leadership role and agency in order to ensure women's involvement in the governance of HIV responses.**

42. **Attention to the integration of HIV prevention, treatment, care and support into other services, such as those that address gender-based violence and sexual and reproductive health, have been shown to be effective in responding to the needs of women and girls in preventing HIV infections, supporting better access to treatment and care services and maximizing efficiencies. Continued research to find effective and safe female-controlled prevention methods along with building skills for negotiating their use and the increased availability of female condoms could reduce the impact of HIV on women. Women and girls in highly affected countries continue to furnish support to families and communities by providing those who are ill with care and support. Those efforts need to be acknowledged, resourced and supported. Domestic work and caregiving responsibilities also prevent women and girls from taking care of their own health. The engagement of men and boys as equal partners to achieve gender equality and in sharing responsibilities to prevent the transmission of HIV to children needs to be scaled up. Attention to women in all their diversities, including in populations of higher risk, across their lifespan must become integral to prevention, treatment, care and support strategies and efforts.**

43. Challenges such as violence, stigma and discrimination directed at women and girls infected and affected by HIV and AIDS prevents them from accessing services, negotiating safer sex and benefiting from prevention, treatment and support services. Promising approaches to respond to the twin pandemics of violence and HIV are illustrating the value of community engagement and mobilization, demonstrating how addressing root causes of inequalities between men and women can help to encourage men's engagement in health care and HIV prevention and contribute to transforming harmful gender norms.

44. Information on adequate budgetary allocations for gender equality in the context of HIV and AIDS and tracking investments in gender equality dimensions of the epidemic are critical to scaling up gender-responsive HIV programming and implementing commitments to gender equality and women's priorities and needs within national strategic frameworks on HIV.

45. The Commission on the Status of Women may wish to call on Governments, United Nations entities and all other relevant stakeholders, as appropriate, to take further actions to:

Gender transformative HIV/AIDS response

(a) Ensure that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan;

(b) Incorporate actions that integrate a gender equality perspective into national HIV and AIDS plans, and strategic actions to respond to HIV into national gender action plans and human rights frameworks, with appropriate budgets for implementation, monitoring and evaluation;

(c) Create enabling environments that empower women and girls and reduce their vulnerability to HIV and help mitigate the impact of the epidemic on them, including by enacting and enforcing laws and policies, and implementing programmes, to address structural determinants, such as those related to socio-economic empowerment, gender equality and human rights, affecting women and girls in the context of HIV, towards a gender-transformative response;

(d) Undertake efforts to track and monitor progress by disaggregating data by sex, age and other relevant factors, ensuring that quantitative and qualitative data on the gender dimensions of the HIV epidemic are collected, analysed and reported in 2012 and later reporting rounds;

Empowerment of women and girls, their rights and participation

(e) Increase the effective participation and influence of women living with HIV and AIDS on all decision-making bodies, in particular those related to HIV and AIDS and set targets to monitor gender parity in relevant mechanisms;

(f) Support women's organizations, especially networks of women living with HIV, to advocate increased actions on gender equality and women's empowerment, including investing in their capacity to undertake leadership roles in national HIV responses;

(g) Foster dialogue among HIV and women's movements to strengthen advocacy and promote the empowerment of women, particularly those living with HIV;

Elimination of violence against women and girls in the context of HIV and AIDS

(h) Address the interface between violence against women and HIV, including by enhancing national responses to prevent violence against women and incorporating interventions that respond to the intersections of gender-based violence and HIV at the policy, programme and services delivery levels;

(i) Gather programmatic evidence to identify the most effective strategies for addressing the intersection between violence against women and HIV, and adopt approaches for scaling up;

Access to prevention programmes, treatment, care and support, and the role of men and boys

(j) Ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection;

(k) Improve access to and sustained uptake of stigma-free, HIV prevention, treatment, care and support services, including psychosocial, physical, socio-economic and legal support for women living with HIV, and address the factors that hinder women's use of such services;

(l) Scale up investment in female-controlled HIV-prevention methods, including the supply and marketing of affordable female condoms, to ensure that they become accessible, effective and widely used as part of a comprehensive approach to HIV prevention that includes empowering women with skills and knowledge to negotiate safer sex;

(m) Provide women living with HIV with voluntary counselling and testing and treatment across their lifespan, including in populations at higher risk of infection, women with disabilities, older women, indigenous women and women in humanitarian situations;

(n) Ensure that measures to prevent mother-to-child transmission of HIV infection reach women, including those at higher risk of HIV infection, during pregnancy, after childbirth and beyond for their own health and continue to strengthen linkages between sexual and reproductive health in policies, programmes and service delivery;

(o) Engage men and boys in achieving gender equality, including in changing harmful social norms and practices and reducing violence against women, and encourage men to participate in programmes designed to prevent mother-to-child transmission, and adopt safe, non-coercive and responsible sexual and reproductive behaviour and use effective prevention methods;

(p) Enhance support for women and girls caring for persons living with HIV, including through a more equitable share of caregiving with men and boys in their communities. In this regard, the review in 2013 of progress in implementation of the agreed conclusions of the fifty-third session of the Commission on the Status of Women on equal sharing of responsibilities

between women and men, including caregiving in the context of HIV/AIDS, could provide an opportunity to identify gaps, challenges and good practices;

Resourcing and international cooperation

(q) Target and allocate adequate financing to address the social, economic, and political inequalities that increase the vulnerability of women and girls, and influence how they access services and manage the impact of the epidemic;

(r) Increase financial resources to build leadership among women living with HIV and strengthen institutional capacities of organizations led by or serving affected women and girls in the context of HIV, including those from higher-risk populations;

(s) Develop and adopt effective measuring mechanisms to monitor and track international and national resources allocated to address the gender dimensions of HIV and AIDS, through approaches such as gender-responsive budgeting.

46. As a way of contributing more attention to gender mainstreaming, including in reporting, the Commission may wish to request that the report on women, the girl child and HIV and AIDS be prepared on a biennial basis. The report could be requested for the same year that Governments are due to report on implementation of the 2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS.